

## **MEDICAID MATERNITY CARE PROGRAM RECIPIENT RIGHTS AND DUTIES**

You have the following rights and duties when you agree to be a part of the Maternity Care Program.

### **You have the right:**

- To get good medical care for your pregnancy close to where you live.
- To get care during your pregnancy regardless of your overall health, your past medical history or any health problems you have now.
- To have care or treatments explained to you ahead of time and to refuse any care or treatment you do not want or that goes against your religious or personal beliefs.
- To decide about the care you get during your pregnancy and to give your permission before the start of treatment or surgery.
- To be told about any treatments that are proper for your condition in a way that you can understand.
- To know about all of the people who will be taking care of you during your pregnancy.
- To get care that is free of any restraint or action that is meant to force you to do something, punish you, or to get even with you.
- To get emergency care from **any hospital** if you have a **real emergency**. A real emergency is when you have a health problem that can cause lasting injury or death to you or your unborn baby.
- To choose where you want to get medical care for your baby.
- To choose what kind of birth control you want and where you want to get it.
- To be treated with respect, dignity and privacy.
- To have your medical records kept private.
- To get a copy of your medical record and to ask that the record be changed if it is not correct.
- To sign an Advance Directive saying what kind of care you want if you are too sick or hurt to decide about your care.
- To donate your organs if you die.
- To file a grievance or complaint if you are not satisfied with your care, how you were treated, or if your rights were not respected and you want action taken to solve the problem.

### **Filing a grievance:**

- ✓ You have the right to have someone to talk with you about how you feel.
- ✓ Call the person who signed you up with the maternity care program or write a letter explaining why you are not pleased. Give the letter to that person or mail it to Medicaid, P.O. Box 5624, Montgomery Alabama 36103-5624.
- ✓ Medicaid will still pay for your pregnancy care if you were on Medicaid at the time you filed the grievance.
- ✓ If there is no action within 10 working days, you have the right to file an appeal to ask that someone else look into your complaint
- ✓ You have the right to an interpreter if you do not understand English or if you have any type of speaking or hearing disability
- ✓ If you need help to file a grievance, call your Care Coordinator or the toll free number for the district where you live.
- ✓ If your grievance is against the doctor that you picked, you may choose another doctor.

### **You have the duty:**

- To go to doctors and hospitals in your area that you have agreed to see for pregnancy care. Your Care Coordinator will show you a list of all the doctors and hospitals in your area and you will choose a doctor and hospital.
- To go to all of your appointments. If you have a problem getting to your appointment, your Care Coordinator will help you with getting transportation.
- To follow the directions you get from your doctor or nurse for your pregnancy. You also have the duty to follow the plan of care that you and your Care Coordinator set up to help you have a healthy baby.
- To meet with your Care Coordinator and let her know if anything about you or your pregnancy changes.
- To report to the Care Coordinator if you move, if your Medicaid changes, or if you miscarry the baby.
- To take only the medicine that your doctor has told you to take. This includes over the counter medicine like aspirin, Tylenol, Tums, etc.

- To have a healthy lifestyle and to eat right.
- Not to smoke cigarettes or use drugs.
- To notify the Medicaid office worker of the birth of your baby

**Federal rules require that Medicaid recipients take steps to prevent fraud and abuse of the program. These steps include:**

- Keeping their Medicaid identification card in a safe place
- Not selling, loaning or altering their Medicaid card in order to obtain services for others
- Following the rules for Medicaid and the doctor's/clinic's office
- Telling Medicaid about third party insurance or payments
- Notifying Medicaid of any changes in income, living arrangements or resources

All cases of suspected fraud, abuse or misuse by recipients are investigated by the Alabama Medicaid Agency. Recipients who are proven to have abused or misused the Medicaid programs be required to repay the agency for any misspent funds and/or may be suspended from the program for at least one year and until full restitution is made.

### **Reporting Fraud and Abuse**

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Recipients may report suspected fraud, abuse or misuse of the Alabama Medicaid program by calling or writing the Agency's Program Integrity Division.

**To call:** 1-866-452-4930 (Toll-free call)

**To write:** Program Integrity Division, PO Box 5624, Montgomery, AL 36103-5624

A person reporting suspected fraud and abuse is not required to give his/her name. Any information provided is kept confidential.